



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION
1-800-368-8808 or 304-558-8986



<http://www.wvago.us>

E-Mail: consumer@wvago.gov

MOTOR VEHICLE CONSUMER COMPLAINT

1. PARTY COMPLAINING

Name:

☐ Mr. ☐ Mrs. ☐ Ms.

Address:

City: State:

County: Zip Code:

Home Telephone:

Work Telephone:

Cell Telephone:

Email:

Best time to contact me:

2. COMPLAINT AGAINST

Business Name:

Address:

City: State:

County: Zip Code:

Telephone:

Name of person you dealt with:

Title:

3. Purchased: ☐ New ☐ Used

Vehicle Identification
Number (VIN):

4. Car Make (manufacturer):

Car Model: Year:

5. Mileage at time of purchase:

Present Mileage:

6. Date of Purchase:

Total Purchase Price:

7. Terms of Payment: ☐ Cash

☐ Loan

Loan – Installment

☐ Check

☐ Credit Card

☐ Installment

Finance Company name:

☐ Debit Card

☐ PayPal

☐ Wire Transfer

Address:

☐ Other

☐ Western Union

8. Did you purchase the vehicle from the business you are complaining about? ☐ Yes ☐ No

9. Have you complained to the business? ☐ Yes ☐ No

If Yes, date you complained: _____

What action was taken by the business: _____

10. Does the complaint involve the safety condition of the vehicle at the time it was sold to you? ☐ Yes ☐ No

11. Have you contacted the manufacturer about your vehicle complaint? ☐ Yes ☐ No

If Yes, what action was taken: _____

PLEASE CONTINUE TO OTHER SIDE

12. Have you filed this complaint with any other agency or organization? ☐ Yes ☐ No

If Yes - Identify organization: _____

What action was taken? _____

13. Describe any legal action you have taken: _____

14. Provide COPIES – front and back – of all documents you have, such as:

- | | | |
|---|---|---|
| <input type="checkbox"/> Warranty | <input type="checkbox"/> Buyer' s Guide | <input type="checkbox"/> Purchase Agreement |
| <input type="checkbox"/> Odometer Statement | <input type="checkbox"/> Repair Orders | <input type="checkbox"/> Loan Contract – Retail Installment Agreement |
| <input type="checkbox"/> Title | | |

15. Please describe your complaint in detail – if you need additional space to tell what happened, please continue on a separate page and attach it to your complaint: _____

20. How do you want your complaint resolved? _____

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be used to enforce applicable state laws.

I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General' s Office.

I certify that all information on this form is true and accurate, and that I have the legal authority to submit this claim.

SIGNATURE (Required) _____ **DATE** _____

AGE _____

Return this form and copies of your papers to:

Office of the Attorney General
Consumer Protection Division
PO Box 1789
Charleston, WV 25326-1789